U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3270

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 3004 Through: 13 / 3004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name LEANINE C GENERAU	Name
	Labor Organization File Number 043-052
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Bot 522
Street 240 Beaulieu	Street Hain Street
city St. David	city Hadawas Ka
State PAINE ZIP Code + 4 04773	State Haine ZIP Code + 4 04756
5. Position in labor organization. Shop Steward	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any:	
Trade Name, if any:	
Trade Name, if any:	7.b. Amount.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Sheet	7.b. Amount.
P.O. Box, Bldg., Room No., if any	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Sheet	Eligipal reserved reserved
Trade Name, if any: P.O. Box, Bldg., Room No., if any Sheet City State 59:9 ZiP Code+4	\$\ \(\alpha \cdot \) \\ \(\alpha \cdot \) \\ \(\alpha \cdot \cd
Trade Name, if any: P.O. Box, Bldg., Room No., if any Sheet City Strie 599 ZiP Code + 4 Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
Trade Name, if any: P.O. Box, Bldg., Room No., if any Sheet City State 59.9 ZiP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the period on penalties in the instructions.